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6559

REFERENCE NO

52224/294510

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**COMMENTS**

Applicant:

Klinker et al.

Title:

System and Method to Assure Network Service Levels  
with Intelligent Routing

Serial No./Docket No.:

09/833,219

52224/294510

Filing Date

04/10/2001

**PAPERS SUBMITTED:**

1. PTO/SB/21 Transmittal Form
2. PTO/SB/122 Change of Correspondence Address Application
3. PTO/SB/96 Statement Under 37 CFR 3.73(b)

Date: August 24, 2004

By: Brenda O. Holmes, Reg. No. 40,339

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PTO/SB/21 (02-04)

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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	09/633,219
	Filing Date	April 10, 2001
	First Named Inventor	Eric Klinker
	Art Unit	2682
	Examiner Name	Tsegaye, Saba
Total Number of Pages in This Submission	Attorney Docket Number	52224/294510

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1) PTO/SB/122 & 2) PTO/SB/96
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Brenda O. Holmes
Signature	<i>Brenda O. Holmes</i>
Date	08-25-2004

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